



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E353266**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-02128
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	MAILBOX

DATE OF COLLISION	09 - 01 - 2014	TIME (2400)	1537	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

GRADE ROAD BLOCK NO. ☒ 2500 MILE POST ☐

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE D: 4257801073

LAST NAME MCNEAL FIRST NAME STEPHANIE MIDDLE INITIAL

STREET NEW ADDRESS 2503 GRADE ROAD

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX F D.O.B. 09 - 30 - 197 4

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

OFFICER'S NAME (PRINT) ANDREW THOR BADGE OR ID # 115 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E353266**

CASE # **14-02128**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.	
										EJECT	
								HELMET USE		INJURY CLASS	
											NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.	
										EJECT	
								HELMET USE		INJURY CLASS	
											NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.	
										EJECT	
								HELMET USE		INJURY CLASS	
											NATURE OF INJURIES

NARRATIVE

V1 was traveling southbound on Grade Road when it left the roadway, struck a sidewalk and hit two wooden post mail boxes belonging to 2503 Grade Road and 2507 Grade Road. The driver of V1 left without making notification to the property owners.

The vehicle was described as a dark green honda type vehicle with a black quarter panel on the passenger side, driven by an unknown female.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-02-14 06:35 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/2/2014 6:59:34 AM

BADGE OR ID # **115**

ORI # **WA0311900**

TIME POLICE DISPATCHED **3:37 PM**

TIME POLICE ARRIVED **3:51 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E353266**

CASE # **14-02128**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

☒

DAMAGE THRESHOLD MET

PHONE

LAST NAME

LOCHTIE

FIRST NAME

ANDREW

MIDDLE INITIAL

W

STREET NEW ADDRESS

2507 GRADE ROAD

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX **M**

D.O.B. **MMDDYYYY**

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

3

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

☒

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

GDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. **MMDDYYYY**

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

ANDREW THOR

09-02-14 06:35 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **115**

ORI # **WA0311900**

APPROVED BY **MINER**

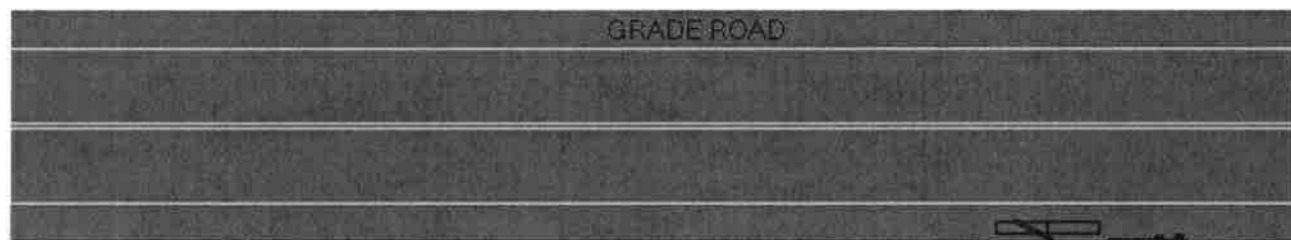
DATE **9/2/2014**

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OF **4**



NOT TO SCALE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MCNEAL, STEPHANIE	RACE W	ETH W	SEX F	DOB 9/30/74	AGE 39	HGT 5'3"	WGT 160	HAIR BRN	EYES BRN
STREET ADDRESS 2503 Grade Rd		CITY LK Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE (425) 760-1073		CELL PHONE (425) 760-1073		PLACE OF EMPLOYMENT USN Retired						
WORK PHONE		EMAIL ADDRESS								

I, Stephanie Mcneal, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

HIT AND RUN small Green car possibly Honda went up over sidewalk took out my mailbox and my neighbors @ 2507 Grade Rd. approx 300.00 property Damage.

NONE

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Stephanie M Mcneal</u>	DATE SIGNED 09/11/14	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

Incident History for: #SS14017097

Case Numbers: \$SS14002128

Received 09/01/14 15:37:18 BY SPCT01 SP0374
Entered 09/01/14 15:39:14 BY SPCT01 SP0374
Dispatched 09/01/14 15:39:34 BY SPDP17 SP0166
Enroute 09/01/14 15:39:34
Onscene 09/01/14 15:51:34
Closed 09/01/14 16:09:39

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-5 Group: SS1 Beat: NORT

Src: 9

Loc: 2503 GRADE RD , LKS btwn MEADOW DR & 26 ST NE (V)

Latitude: (+) 48.020446 Longitude: (-) 122.062354

Loc Info:

Name: MCNEAL, STEPHANIE

Addr:

Phone: 4257601073

/1539 (SP0374) ENTRY , CC, 5 AGO, H & R WITH MAILBOX, DK GRN HONDA CIV
IC NL, LSH SB GRADE FRONT END DAMAGE, PARTS OF V
EH LEFT AT LOC
/1539 (SP0166) MISC , BRCST
/1539 DISPER 19D2 #SS115 THOR, OFFICER (ANDREW)
/1551 (SS115) *ONSCNE 19D2
/1605 *MISC 19D2 , DARK GREEN HONDA ACCORD, BLACK QUARTER PANEL ON
RIGHT (PASSENGER SIDE) DRIVEN BY WFA. DAMAGE TO
FRONT BUMPER AND MISSING TWO HUBCAPS
/1606 REMINQ 19D2 MDTVEH, AED6598, , WA, , , , , , , , , ,
/1608 (SP0166) ASNCAS 19D2 \$SS14002128
/1609 CLEAR 19D2 D/H
/1609 CLOSE 19D2